

School staff briefing: Misuse of medicines



Many substances are misused, but an area that is sometimes overlooked is that of medicines. This includes items supplied by healthcare professionals against a prescription or via an over-the-counter sale, bought off the shelf (for example, in a supermarket) or online, or diversion of something intended for use by someone else. Some people also buy products illegally – sometimes known as street supplies – believing them to be medicines: that [is likely to not be the case](#) as anything obtained in such a way has none of the assurances around it in terms of the legal standards of quality, safety and effectiveness for medicines. It is also worth keeping in mind that some people (perhaps more often when they are young) will assume that something they regard as a medicine is inherently safe, but of course this is not the case, and most medicines can be harmful if used other than intended by the manufacturer.

It is difficult to get a sense of the scale of the issue, as for some individuals the misuse may be a one-off or occasional occurrence, while for others it may be more prolonged. The substance being taken may also have been used legitimately in the first instance, for example for a medical condition, but the individual may have tipped into misuse, or the medicine may have been diverted, for example someone on ADHD medication may pass it to others, possibly under coercion.

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There are many medicines that are misused, but some of the more common include:

- Opioids, such as codeine (including in OTC co-codamol and cough products), and their derivatives, eg. loperamide (in antidiarrhoeal remedies)
- Decongestants, eg. pseudoephedrine and ephedrine
- Antihistamines, eg. promethazine, diphenhydramine (also present in some OTC sleep products)
- Laxatives and diuretics (water tablets, eg. furosemide)
- Benzodiazepines (eg. diazepam, alprazolam) and Z-drugs (eg. zopiclone, zolpidem)
- Antidepressants (eg. fluoxetine, venlafaxine, citalopram, amitriptyline) and antipsychotics (eg. olanzapine, risperidone)
- Gaba-ergics, eg. gabapentin, pregabalin
- Salbutamol
- ADHD medication, eg. methylphenidate, atomoxetine
- Beta-blockers, eg. propranolol
- Steroids, eg. prednisolone, trenbolone, clenbuterol
- Erectile dysfunction medication, eg. sildenafil, tadalafil.



The reason for the misuse may be self-medication, for example using an opioid for pain relief or a benzodiazepine to relieve anxiety. This is problematic in itself, as the individual will not have benefited from the expertise of healthcare professional working out what is the right medicine for them, taking into account their symptoms and other relevant factors such as medical history. Medicines always have restrictions on their use, relating to how much, how often and for how long they should be taken (and by who), and these are unlikely to be adhered to when being misused.

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Another motivation for misuse may be to exploit the substance's side effects. So for example, many of the medicines listed above state drowsiness as a known side effect, which may appeal to someone looking for a way to relax, while others may be taken in the misguided belief that they will enhance sporting performance, aid weight loss, increase alertness and so on.

As well as the issues already described, there are many others including the potential for legal consequences, interactions with other medication or substances being used, side effects, development of dependence and/or tolerance to the substance being used... the list goes on and on.

As school staff, it is important to be aware of the potential for medicine misuse. Spotting the signs is not easy, but a change in behaviour, academic attainment or attendance may indicate substance use, which may be misuse of a medicine rather than a drug such as cannabis. It could be that someone with a known condition doesn't seem to be achieving the symptom control as has been the case in the past, which could indicate that they aren't taking their medicine and it is being directed elsewhere. Keep an eye out for discarded medicine packaging (including bottles, cartons and blister packs), and an ear out for what people are saying (while being mindful of the healthy rumour mill of any school community!).

If a young person is found to be in this situation, it is sensible to try and get to the bottom of the reason for the behaviour, help them understand the multitude of risks involved, and signpost to resources such as the [list of medicines on the Young Minds](#) site which details what different products do as well as safety information (and the site more broadly), and the Frank guide to [dealing with peer pressure](#).

Staff wanting more information on this topic may find useful the [report](#) published by the US National Institutes of Health for details on more commonly misused prescription medicines, an [article on UK OTC medicine abuse](#), a [guide to the importance of not sharing medicines](#), and the website of the UK Addiction Treatment Centres which describes [how prescription drug addiction develops](#) and [how to recognize substance abuse in children](#).

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